

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
D E P A R T M E N T O F H E A L T H



Safe and Healthy Lives in Safe and Healthy Communities

LEAD POISONING SCREENING
EXEMPTION FORM

I object to having my child _____ DOB: _____
(Name)
receive lead poisoning screening as required under chapter 24.6 of the Rhode Island
General Laws because of my religious beliefs, which are as follows:

Signed: _____ Date: _____
(Parent/Guardian)

Address: _____ Phone: _____

School: _____

Day Care
Provider: _____

Original: School (white)
Copy: Parent (yellow)
Copy: RIDH (pink)

7/98